

Application/Control No.	Applicant(s)/Patent under Reexamination
09/507,613	WHAYNE ET AL.
Examiner	Art Unit
Cris L. Rodriguez	3763

					IS	SUE CI	LASSIF	FICATION	NC							
ORIGINAL						CROSS REFERENCE(S)										
CLASS SUBCLASS					CLASS			SUBCLASS (ASS (ONE SUBCLASS PER BLOCK)							
	604 95.04			95.04	604	95.01	-									
IN	ITER	NATI	ONAL	CLASSIFICATION	600	372	146									
Α	6	1	0	37/00	606	41										
				1	607	122	101									
				1												
				1												
				1												
(Assistant Examiner) (Date) (Legal Instruments Examiner) (Date)					e)	Ci	s Rodrig	diese	Total Claims Allowed: 28							
					17/06				O.G. Print Claim(O.G. Print Fig.						
					Date)	(Prin	nary Examine) (0	13	1, 41						

	Claims renumbered in the same order as presented by applicant									☐ CPA			☑ T.D.			☐ R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1		22	31			61			91			121			151			181
	2		23	32			62			92			122			152			182
	3		24	33			63			93			123			153			183
	4		25	34			64			94			124			154			184
	5		26	35			65			95			125			155			185
	6		27	36			66			96			126			156			186
	7		28	37			67			97			127			157			187
	8			38			68			98			128			158			188
	9			39			69	1		99			129			159			189
1	10			40			70			100			130			160			190
2	11			41			71			101			131			161			191
3	12			42			72			102			132			162			192
4	13			43			73			103			133			163			193
5	14			44			74			104			134			164			194
6	15			45			75			105			135			165			195
7	16			46			76			106			136			166			196
8	17			47			77			107			137			167			197
9	18			48			78			108			138			168			198
10	19			49			79			109			139			169			199
11	20			50			80			110			140			170			200
12	21_			51			81			111			141			171			201
13	22			52			82			112			142			172			202
14	23			53			83			113			143			173			203
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16	25			55			85			115			145			175			205
17	26			56			86			116			146			176			206
18	27			57			87			117			147			177			207
19	28			58			88			118			148			178			208
20	29			59			89			119			149			179			209
21	30			60			90			120			150			180			210